

directed to Fig. 13 and Claim 75 is directed to Fig. 18. It is believed that these methods are nowhere shown nor made obvious by any combination of the cited art. Moreover, none of the methods of FIGS. 4, 7, 9, 13 and 18 are anticipated by the cited references.

The systems claims 59-75 define a novel and unobvious use of the "internet" for "registering, delivering, and processing of medical images", which were never done before in the prior art. With our invention, any hospital and/or medical facility , such as a physician can using the internet and a simple read in and read out device and computer can store, have transmitted, and processed, medical images, such as from a CAT scanner, at a centralized commonly used server unit to which a security function is provided.

NONE of the cited art Tanaka 6,564,256; Sato 5,911,687; Roewer 5,734,915; Ballantyne 5,867,821; specifically teaches (and therefore anticipate under 102), nor makes obvious (and therefore makes unpatentable under 103), IN THE COMBINATIONS RECITED BY THE EXAMINER, the instantly claimed invention.

The inventors wish to add the following "technical comments":
--"A big difference between our invention and the disclosure of USP 5,911,687 is that our invention involves centralized control for medical images, whereas the cited patent performs centralized control for complete personal medical information.

"The cited patent has the problem of security. It performs centralized control for information identifying a private person,

for example, his disease history, medicine histroy, name, as necessary information, because a main purpose of the cited patent is remote diagnosis. Thus, if some third party invades the central control system of the cited patent, he is able to readily "steal" all that personal medical information. That is no longer an acceptable situation.

"On the other hand, our invention involves control of medical images. The hospital alone would have the personal information related to the medical images. Thus, even if a third party invades our central control system, he would not be able to identify any concerned individual nor be able to obtain other information related to the medical image. When a hospital isolates information of the imaged patient, for example disease history, by utilizing software or hardware, even if that third party party invades the hospital system, he would not be able to identify the concerned patient from the medical images. Accordingly, our invention provides much needed security and also is convenient in operation.

"Also, even though a network system for medical images is shown in USP 6,564,256, our invention (see first-seventyembodiments) provides greater details and structure than cited patent 256. Thus, the two clearly are not mutually anticipatory nor made obvious from each other."

In view of the foregoing, applicant respectfully solicits reconsideration, and allowance.

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17 Sept 03

RESPECTFULLY
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